



**Fax to (801) 538-9440 prior to returning or transferring vaccine**

**Reason Returned Codes:** 1. Expired    2. Wasted    3. Natural Disaster / Power Outage    4. Vaccine spoiled in transit  
5. Failure to store in refrigerator / freezer    6. Temperature too warm    7. Temperature too cold    8. Mechanical Failure  
9. Viable vaccine transferred to VFC Provider: **Clinic:** \_\_\_\_\_ **VFC PIN:** \_\_\_\_\_

**Return Vaccine to : McKesson Specialty Distribution 4853 Crumpler Road Memphis, TN 38141**  
**Attn: Eric Doss / Tommy McRae**

## Instruction for Completing the VFC Vaccine Return and Transfer Form

Notify the Utah VFC Program immediately of any vaccine loss. You must have **prior approval** before returning or transferring any VFC vaccines.

### Instructions:

**1. Enter clinic's VFC PIN**

Provider Identification Number assigned to your clinic by the Utah VFC Program.

**2. Enter Date Submitted**

Date clinic submits the return request to the Utah VFC Program.

**3. Phone Number with Area Code**

Number to contact you if there is a question regarding the vaccine.

**4. Enter Clinic Name**

Name of healthcare provider enrolled as a VFC provider. Please notify the Utah VFC Program if clinic name changes.

**5. Enter Name of VFC Contact Person**

Print clearly the person responsible for the VFC Program in your clinic.

**6. List all VFC vaccines returned or transferred**

Include all the information about each vaccine being returned or transferred. The required information can be found on the box or vial of vaccine.

**7. List reason you are returning vaccine**

A list of reason codes can be found at the bottom of the table. Please put the appropriate number in the Reason Returned column on the right hand side of the form. A reason must be listed for each returned vaccine.

**8. Complete Incident Report and Plan of Action**

An incident report of the events that led to the non-viable vaccine should be listed in the box provided.

A plan of action to keep the incident from reoccurring should be listed in the box provided.

The incident report / plan of action may be submitted on a separate sheet of paper if the box provided is not sufficient space.

**9. Returning vaccine to McKesson Specialty Distribution**

Notify the Utah VFC Program that your clinic has expired or spoiled vaccine **prior to returning** to McKesson Distribution.

Fax the completed Vaccine Return and Transfer Form to the Utah VFC Program at (801) 538-9440.

The Utah VFC Program will notify McKesson the clinic is returning vaccine.

Package expired or spoiled vaccine in a shipping container from McKesson, include a copy of the completed form.

Ship vaccine to McKesson using the return postage slip provided on the shipping container.

**\*\*Returning vaccine due to a spoilage incident, fax additional documents to the Utah VFC Program\*\***

1. The completed Emergency Response Worksheet.

2. Complete temperature logs for the last two weeks.

**10. If transferring VIABLE vaccine to another clinic**

Notify the Utah VFC Program for **prior approval** and assistance before transferring any VFC vaccines.

Fax the completed the Vaccine Return and Transfer Form to the Utah VFC Program.

***Always keep a copy for your records!***

- At the first sign of a refrigerator failure or other incident that may interrupt maintaining the "cold chain," refer to your Emergency Vaccine Handling Plan and complete the Emergency Response Worksheet. Refrigerate the vaccines appropriately and don't
- Return only those vaccines received from the Utah Immunization Program/Utah VFC Program. Never return viable vaccines to the Utah VFC Program; instead transfer them to another VFC Provider. Contact the Utah VFC Program for assistance.
- Use vaccines through the printed expiration date. If an expiration date is month and year only, it is viable until the last day of
- Contact the Utah VFC Program at (801) 538-9450 for additional information or training on vaccine storage and handling.